## CALIFORNIA LIQUID WASTE HAULER RECORD

015-**580**5

BILLING COPY

57035

STATE WATER RESOURCES CONTROL BOA'RE STATE DEPARTMENT OF HEALTH

		STATE DEPARTM	SFUND RECORDS CTR
PRODUCER OF WASTE (Mus	st be filled by producer)		HAULER OF WASTE (Must be filled by hauler) 999000563
Pick up Address 5/5/ ALCOA AVE. (CITY) ERWON, CA CODE NO.			ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number: 43.58644 P.O. or Contract No.: LA 771150			Pick Up: 2 - 7 Time: Common Co
Order Placed By: J. HERON Date: 8-18-77			State Liquid Waste Hauler's Registration No. (if applicable): 15
Type of Process which Produced Wastes: ALUMINUM FABRICATOR (Examples: metal plating, equipment cleaning, oil drilling — code No. wastewater treatment, pickling bath, petroleum refining)			Job No.: No. of Loads or Trips: Unit No  Vehicle: Xvacuum truck \ barrels, □ flatbed, □ other (specific v)
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:  1. Acid solution	6. Tetraethyl lead sludge	11. Contaminated soil and sand	I certify (or declare) under penalty of perjury that the foregoing is true and correct
2. Alkaline solution	7. Chemical toilet wastes	12. Cannery waste	DISPOSER OF WASTE (Must be filled by disposer)
3. Pesticides 4. Deant sludge	8. 🗌 Tank bottom sediment 9. 🗎 Oil	13. Latex waste	Name (print or type):  OPERATING INDUSTRIES, INC.  2425 So. Garfield Ave.
5. Solvent	10. Drilling mud	15. 🗆 Brine	Site Address: Monterey Park, Calif. 91754
Other (Specify) ALUMINUM OXIDES & WATER CODE NO.			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
(Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm brganics (list), cyanide)			Quantity measured at site (if applicable):State fee (if any):
1.			Handling Method(s):
			- recovery
			treatment (specify):  {  EXAMPLES: INCINERATION, NEUTPALIZATION, PRECIPITATION}  CQDE NO.
			disposal (specify): pond spreading lendfill injection well
			Other (specify):
6.			If waste is held for disposal eleawhere specify final location  Disposal Date:
Hazardous Properties of Waste:			I certify (or declare) under penalty of perjury
pH 7-9 none toxic   flammable   corrosive   explosive   that			that the foregoing is true and correct.
Bulk Volume: OTY	gal 🗆 tons	barrels (42 gal.) Other [SPECIFY]	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: [NUMBER]	drums cartons	bags other TANK	$\bigcap \mathscr{C}$
Physical State:	solid liquid	sludge	
Special Handling Instructions (if any):			\ \ <i>U</i>
NONE			<b>J</b> .
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)			
I certify (or declare) under penalty of perjury that the foregoing is true and correct.			FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.